1st copy - Friend of the Court 2nd copy - Plaintiff 3rd copy - Defendant

Approved, SCAO 3r

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

## ORDER SUSPENDING IMMEDIATE INCOME WITHHOLDING

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Original - Court

	COUNTY	IMMEDIATE INCOME WITHHOLDING	
Friend of the Court ad	dress		Court telephone no.
Plaintiff's n	ame and address		
V			
Defendant'	s name and address		
1. Date of hearing:		Judge:	
2. THE COURT FII		Construction of the state of th	Bar no.

- ☐ There is good cause for the order of income withholding not to take effect immediately as follows:
  - a. It is in the best interest of the child for immediate income withholding not to take effect for the following stated reasons:
  - b. Proof of timely payment of previously ordered support has been provided.
  - c. Both the payer and the recipient of support will notify the friend of the court in writing of any change in:
    - 1) the name, address, and telephone number of his/her current source of income;
    - 2) any health care coverage that is available to him/her as a benefit of employment or that is maintained by him/her, the name of the insurance company, health care organization, or health maintenance organization; the policy, certificate, or contract number; and the names and birth dates of the persons for whose benefit s/he maintains health care coverage under the policy, certificate, or contract; and
    - 3) his/her current residence and mailing address within 21 days of the change.
- ☐ The parties have entered into a written agreement that has been reviewed and entered in the record as follows:
- a. The order of income withholding shall not take effect immediately.
  - b. An alternative payment arrangement has been agreed upon (attached).
  - c. Both the payer and the recipient of support will notify the friend of the court in writing of any change in:
    - 1) the name, address, and telephone number of his/her current source of income;
    - 2) any health care coverage that is available to him/her as a benefit of employment or that is maintained by him/her, the name of the insurance company, health care organization, or health maintenance organization; the policy, certificate, or contract number; and the names and birth dates of the persons for whose benefit s/he maintains health care coverage under the policy, certificate, or contract; and
    - 3) his/her current residence and mailing address within 21 days of the change.

## IT IS ORDERED:

- 3. Income withholding shall not take effect immediately.
- 4. Income withholding shall take effect if the fixed amount of arrearage is reached, as specified in law.

Date

Judae